

Massachusetts Department of Environmental Protection

Bureau of Waste Prevention • Air Quality

BWP AQ 06

Notification Prior to Construction or Demolition

Please Enter Decal #
Affix Notification Decal Here

A. Applicability

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.





Instructions 1. All sections of this form must be completed in order to comply with the Department of Environmental Protection notification requirements of 310 CMR 7.09 2. Submit Original Form To: Commonwealth of Massachusetts **Asbestos Program** P.O. Box 120087 Boston, MA 02112-0087

2.

A Construction or Demolition operation of an industrial, commercial, or institutional building, or residential building with 20 or more units is regulated by the Department of Environmental Protection (DEP), Bureau of Waste Prevention - Air Quality Division, under Regulations 310 CMR 7.09. Notification of Construction or Demolition operations is required under 310 CMR 7.09 (2) ten (10) days prior to any work being performed. The following information is required pursuant to 310 CMR 7.09

B. General Project Description

1. Facility Information:

Name			
Address			
City/Town	State	Zip Code	
Telephone Number	E-mail Address (optional)		
Size:			
Square Feet	Number of Floors		
Was the facility built prior to 1980?	☐ No		
Describe the current or prior use of the facility:			
Is the facility a residential facility?	☐ No		
If yes, how many units?			
Facility Owner:			
Name			
Address			
City/Town	State	Zip Code	
Telephone Number (include area code and extension)	E-mail Address (optional)		
On-site Manager			

aq06app • 6/04 BWP AQ 06 • Page 1 of 3



Massachusetts Department of Environmental ProtectionBureau of Waste Prevention • Air Quality

Please Enter Decal #

BWP AQ 06

Notification Prior to Construction or Demolition

	B.	. General Project Description (cont.)				
	3.	General Contractor:				
		Name				
		Address				
		City/Town S	zip Code			
		Telephone Number (include area code and extension)	-mail Address (optional)			
		On-site Manager				
	C.	General Construction or Demolition	Description			
General Statement: If asbestos is found	1.	Construction or demolition contractor:				
during a Construction or Demolition		Name				
operation, all responsible parties must		Address				
comply with 310 CMR 7.00, 7.09,		Telephone Number (include area code and extension)	-mail Address (optional)			
7.15, and Chapter 21E of the General Laws of		On-site Manager				
the Commonwealth. This would	2.	On-Site Supervisor:				
include, but would not be limited to,		Name				
filing an asbestos removal	3.	Is the entire facility to be demolished?	☐ No			
notification with the Department and/or a notice of release/threat of release of a	4.	Describe the area(s) to be demolished:				
hazardous substance to the						
Department, if applicable.	5.	If this is a construction project, describe the building(s) or addition(s) to be constructed:				



Massachusetts Department of Environmental Protection Bureau of Waste Prevention • Air Quality

Please Enter Decal #

BWP AQ 06

Notification Prior to Construction or Demolition

C.	General Construction of	r Demolition Descri	ption (cont.)			
6.	 If this is a demolition project, were the structure(s) surveyed for the presence of asbestos containing material (ACM)? Yes No 					
	If yes, who conducted the survey?					
	Name					
	Division of Occupational Safety Certification	Number				
7.	Construction or Demolition	Charle Data	Fiel Date			
		Start Date	End Date			
8.	For demolition and construction pro	jects, indicate dust suppressi	on techniques to be used:			
	seeding paving shrouding covering other	If other, please specify:				
9. For Emergency Demolition Operations, who is the DEP official who evaluated the emer						
Name of DEP official						
	Title					
	DEP Waiver #					
_						
D.	Certification					
	I certify that I have examined the above and that to the best of my knowledge it is true and complete.	Print Name				
	The signature below subjects the signer to the general statutes	Authorized Signature				
	regarding a false and misleading statement(s).	Position/Title				
		Representing				
		Date				
		P.E. #				